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FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 257279 (0)
 1. Corporation Name
THE ISLAND HOUSE APARTMENTS, INC.



Principal Place of Business: **200 OCEAN LANE DR KEY BISCAIYNE FL 33149-1419**
 Mailing Address: **200 OCEAN LANE DR KEY BISCAIYNE FL 33149-1419**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **03/23/1962**
 4. FEI Number: **59-1025684** Applied For: Not Applicable:
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SCHATZ, NORMAN
200 OCEAN LANE DRIVE
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent
 81 Name: **Patricia L. Shaw**
 82 Street Address (P.O. Box Number is Not Acceptable): **200 Ocean Lane Drive**
 83 **Key Biscayne, Fl 33149**
 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Patricia L. Shaw* DATE: **4/14/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	P	<input checked="" type="checkbox"/>
NAME	SCHATZ, NORMAN	
STREET ADDRESS	200 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	S	<input type="checkbox"/>
NAME	COULD, CLIFFORD	
STREET ADDRESS	200 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	AS	<input type="checkbox"/>
NAME	CONNELL, PAMELA	
STREET ADDRESS	200 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	T	<input type="checkbox"/>
NAME	LOGUE, JAMES	
STREET ADDRESS	200 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE	VP	<input type="checkbox"/>
NAME	SHAW, PAT	
STREET ADDRESS	200 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	SHAW, PATRICIA		
1.3 STREET ADDRESS	200 Ocean Lane Drive		
1.4 CITY-ST-ZIP	Key Biscayne, Fl		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	GOULD, CLIFFORD		
2.3 STREET ADDRESS	200 Ocean Lane Drive		
2.4 CITY-ST-ZIP	Key Biscayne Fl		
3.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	CONNELL, PAMELA		
3.3 STREET ADDRESS	200 Ocean Lane Drive		
3.4 CITY-ST-ZIP	Key Biscayne, Fl		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	AS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	OSTROSKI, JOSEPH		
5.3 STREET ADDRESS	200 Ocean Lane Drive		
5.4 CITY-ST-ZIP	Key Biscayne, Fl		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia L. Shaw* DATE: **4/14/98** **305-361-5451**

CR2E034 (10/97)